

COVER PAGE

Please type or print in ink.

2018 MAR 27 PM 1:56

NAME OF FILER (LAST)

(FIRST)

(MIDDLE)

BOYD

RICHARD

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

NATURAL RESOURCES AGENCY, DEPARTMENT OF CONSERVATION

Division, Board, Department, District, if applicable

Your Position

DIVISION OIL, GAS & GEOTHERMAL RESOURCES

SENIOR OIL & GAS ENGINEER (SUPERVISOR)

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2017, through December 31, 2017.

☐ Leaving Office: Date Left ____/____/_____
(Check one)

-or-

The period covered is ____/____/_____, through December 31, 2017.

☐ The period covered is January 1, 2017, through the date of leaving office.

-or-

☐ Assuming Office: Date assumed ____/____/_____
and office sought, if different than Part 1: _____

☐ The period covered is ____/____/_____, through the date of leaving office.

☐ Candidate: Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: _____

Schedules attached

☒ Schedule A-1 - Investments - schedule attached

☒ Schedule C - Income, Loans, & Business Positions - schedule attached

☒ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☒ Schedule B - Real Property - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET
(Business or Agency Address Recommended - Public Document)

CITY

STATE

ZIP CODE

801 K STREET, MS 20-20

SACRAMENTO

CA

95814-3530

DAYTIME TELEPHONE NUMBER

E-MAIL ADDRESS

(916) 322-9779

RICHARD.BOYD@CONSERVATION.CA.GOV

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

3/27/2018

(month, day, year)

Signature

Richard W. Boyd

(File the originally signed statement with your filing official.)

✓
LB

SCHEDULE A-1
Investments

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

Name _____

▶ NAME OF BUSINESS ENTITY
BOEING COMPANY (BA)

GENERAL DESCRIPTION OF THIS BUSINESS
AIRCRAFT MANUFACTURING

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
01 / 01 / 17 _____ / _____ / 17
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
LOCKHEED MARTIN CORP (LMT)

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
01 / 01 / 17 _____ / _____ / 17
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
ROCKWELL COLLINS (COL)

GENERAL DESCRIPTION OF THIS BUSINESS
AVIONICS INTERNET TECHNOLOGY

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
01 / 01 / 17 _____ / _____ / 17
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
ROYAL DUTCH SHELL (RDS'A)

GENERAL DESCRIPTION OF THIS BUSINESS
OIL & GAS INTERNATIONAL

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
06 / 01 / 17 _____ / _____ / 17
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
_____/_____/ 17 _____ / _____ / 17
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
_____/_____/ 17 _____ / _____ / 17
ACQUIRED DISPOSED

Comments: ALL STOCKS IN PERSONAL IRA RETIREMENT ACCOUNT

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts (Ownership Interest is 10% or Greater)

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name _____

1. BUSINESS ENTITY OR TRUST

NOTHING ACQUIRED IN 2017

Name _____

Address (Business Address Acceptable) _____

Check one

- ☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

- ☐ \$0 - \$1,999
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

_____/_____/17 ____/_____/17
 ACQUIRED DISPOSED

NATURE OF INVESTMENT

- ☐ Partnership ☐ Sole Proprietorship ☐ Other _____

YOUR BUSINESS POSITION _____

1. BUSINESS ENTITY OR TRUST

Name _____

Address (Business Address Acceptable) _____

Check one

- ☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

- ☐ \$0 - \$1,999
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

_____/_____/17 ____/_____/17
 ACQUIRED DISPOSED

NATURE OF INVESTMENT

- ☐ Partnership ☐ Sole Proprietorship ☐ Other _____

YOUR BUSINESS POSITION _____

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- ☐ \$0 - \$499 ☐ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000
☐ \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

- ☐ None or ☐ Names listed below

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:

- ☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or
 Assessor's Parcel Number or Street Address of Real Property _____

Description of Business Activity or
 City or Other Precise Location of Real Property _____

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

_____/_____/17 ____/_____/17
 ACQUIRED DISPOSED

NATURE OF INTEREST

- ☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____
 Yrs. remaining

☐ Other _____

- ☐ Check box if additional schedules reporting investments or real property are attached

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- ☐ \$0 - \$499 ☐ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000
☐ \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

- ☐ None or ☐ Names listed below

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:

- ☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or
 Assessor's Parcel Number or Street Address of Real Property _____

Description of Business Activity or
 City or Other Precise Location of Real Property _____

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

_____/_____/17 ____/_____/17
 ACQUIRED DISPOSED

NATURE OF INTEREST

- ☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____
 Yrs. remaining

☐ Other _____

- ☐ Check box if additional schedules reporting investments or real property are attached

Comments: NOTHING ACQUIRED IN 2017

FPPC Form 700 (2017/2018) Sch. A-2

FPPC Advice Email: advice@fppc.ca.gov

FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name _____
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1. INCOME RECEIVED	1. INCOME RECEIVED
NAME OF SOURCE OF INCOME NO NEW INCOME SOURCES OBTAINED IN 2017	NAME OF SOURCE OF INCOME _____
ADDRESS (Business Address Acceptable) _____	ADDRESS (Business Address Acceptable) _____
BUSINESS ACTIVITY, IF ANY, OF SOURCE _____	BUSINESS ACTIVITY, IF ANY, OF SOURCE _____
YOUR BUSINESS POSITION _____	YOUR BUSINESS POSITION _____
GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input type="checkbox"/> Other _____ (Describe)	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input type="checkbox"/> Other _____ (Describe)

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*	INTEREST RATE	TERM (Months/Years)
ADDRESS (Business Address Acceptable) _____	_____% <input type="checkbox"/> None	_____
BUSINESS ACTIVITY, IF ANY, OF LENDER _____	SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence <input type="checkbox"/> Real Property _____ Street address _____ City	
HIGHEST BALANCE DURING REPORTING PERIOD <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	<input type="checkbox"/> Guarantor _____ <input type="checkbox"/> Other _____ (Describe)	

Comments: **NO NEW INCOME SOURCES OBTAINED IN 2017**

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name _____ _____ _____

► NAME OF SOURCE *(Not an Acronym)*
 NO OUTSIDE GIFTS RECEIVED IN 2017
 ADDRESS *(Business Address Acceptable)*

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE *(Not an Acronym)*

 ADDRESS *(Business Address Acceptable)*

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE *(Not an Acronym)*

 ADDRESS *(Business Address Acceptable)*

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE *(Not an Acronym)*

 ADDRESS *(Business Address Acceptable)*

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE *(Not an Acronym)*

 ADDRESS *(Business Address Acceptable)*

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE *(Not an Acronym)*

 ADDRESS *(Business Address Acceptable)*

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

Comments: NO OUTSIDE GIFTS RECEIVED IN 2017

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name _____

- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym) <u>NOTHING TO REPORT FOR 2017</u> ADDRESS (Business Address Acceptable) _____ CITY AND STATE _____ <input type="checkbox"/> 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE _____ DATE(S): ____/____/____ - ____/____/____ AMT: \$_____ (If gift) ▶ MUST CHECK ONE: <input type="checkbox"/> Gift -or- <input type="checkbox"/> Income <input type="radio"/> Made a Speech/Participated in a Panel <input type="radio"/> Other - Provide Description _____ _____ ▶ If Gift, Provide Travel Destination _____ _____

▶ NAME OF SOURCE (Not an Acronym) _____ ADDRESS (Business Address Acceptable) _____ CITY AND STATE _____ <input type="checkbox"/> 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE _____ DATE(S): ____/____/____ - ____/____/____ AMT: \$_____ (If gift) ▶ MUST CHECK ONE: <input type="checkbox"/> Gift -or- <input type="checkbox"/> Income <input type="radio"/> Made a Speech/Participated in a Panel <input type="radio"/> Other - Provide Description _____ _____ ▶ If Gift, Provide Travel Destination _____ _____

▶ NAME OF SOURCE (Not an Acronym) _____ ADDRESS (Business Address Acceptable) _____ CITY AND STATE _____ <input type="checkbox"/> 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE _____ DATE(S): ____/____/____ - ____/____/____ AMT: \$_____ (If gift) ▶ MUST CHECK ONE: <input type="checkbox"/> Gift -or- <input type="checkbox"/> Income <input type="radio"/> Made a Speech/Participated in a Panel <input type="radio"/> Other - Provide Description _____ _____ ▶ If Gift, Provide Travel Destination _____ _____

▶ NAME OF SOURCE (Not an Acronym) _____ ADDRESS (Business Address Acceptable) _____ CITY AND STATE _____ <input type="checkbox"/> 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE _____ DATE(S): ____/____/____ - ____/____/____ AMT: \$_____ (If gift) ▶ MUST CHECK ONE: <input type="checkbox"/> Gift -or- <input type="checkbox"/> Income <input type="radio"/> Made a Speech/Participated in a Panel <input type="radio"/> Other - Provide Description _____ _____ ▶ If Gift, Provide Travel Destination _____ _____

Comments: NOTHING TO REPORT FOR 2017